B. State Priorities

1. Dental Access and Care

Dental Access and Care in Wisconsin, as in many other states, continues to be a critical need. In 2002 SPM #12, "Percent of children, ages 6-8, with untreated dental decay in primary and permanent teeth" was created to address the concerns for dental access and care voiced around the state.

According to Disparities in Children's Oral Health and Access to Dental Care, JAMA, November 22-29, 2000, Vol. 284, No. 20, oral health is also the most prevalent unmet health care need of children with special health care needs. Prevention of oral diseases are far more cost effective than treatment of oral diseases. The May 2000 Oral Health in America: A Report of the Surgeon General cited estimates for the management of severe early childhood caries range from $1,500-2,000, depending on whether hospitalization is necessary. Prevention strategies such as the use of fluorides and dental sealants have been proven to reduce disease burdens.

2. Health Access

Health Access is related to NPM #7, #13, #14, and #18 and to SPM #1 and #2. In addition, "Access to primary and preventive health services" is one of the 11 health priorities for Healthiest Wisconsin 2010. Although Wisconsin enjoys a low uninsured rate, access to health care is still a problem for some populations in the state.

3. Child Care

Although a SPM has not been identified for child care, this priority need is related to NPM #7. Significant efforts have been made to establish partnerships with the child care community and to raise awareness of the need to address health issues in child care. Health issues in child care remain a priority and will be more fully addressed through our ECCS grant.

4. Family and Parenting

Family Violence – Although we did not develop an SPM for family violence, we concluded that efforts to increase MCH clients who receive parenting skills and training would encompass information on family violence, including education on intentional and unintentional injury prevention. We decided that an SPM should capture the services provided by LPHDs regarding parenting and safety. Therefore, we dropped SPM #15 and replaced it with SPM #16, "Percent of MCH clients/families who receive one or more supportive services to enhance child health, child development and/or safety." This will become more of a focus for our ECCS grant and of the Governor's "KidsFirst" initiative.

Comprehensive Nutrition Approach – Breastfeeding with its many benefits for mothers and infants is recognized as a way to reduce childhood overweight and related chronic diseases. Several studies provide evidence that any breastfeeding and breastfeeding for a longer duration protect against overweight in childhood. Overweight acquired during childhood may persist into adulthood and increase the risk for some chronic diseases later in life. A child who is overweight at age six has a 25% chance of being obese as an adult. SPM #11 focused on obesity for children 6-17 years of age. After a year we revised the measure, now SPM #13, to reflect children ages 2-4 years as a predictor of future obesity. Since weight and height data are collected by the WIC program and sent to CDC for analysis by PedNSS standardized reports for children 2-4 years are produced for overweight and high weight-for-height (>95th percentile wt/ht).

5. CSHCN Systems of Care

Systems of care for children with special health care needs relates to NPM #2, #3, and #4. When looking at the different systems of care that children encounter, they interact with the medical system and the community-based service system; insurance coverage affects a family's utilization of services within both systems. The Title V Program in Wisconsin is working to address each of these performance measures in turn, as referenced in the National Performance Measures Section. In terms of capacity and resource capability to address systems of care for CSHCN, Wisconsin Title V is working with pediatric and community partners to affect systems level change statewide through such efforts as a medical home learning collaborative, outreach and social marketing strategies, and health education and training.

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6. Health Disparities

Health Disparities is related to SPM #14 and in Wisconsin, is related to NPM #6, #7, #12, #15, and #18. Due to the significant gap in Wisconsin between the IMR of African American and white infants, SPM# 14 was created in 2002, "Ratio of black infant mortality rate to the white infant mortality rate". This SPM replaces the percent of infants born with low birth weight among all racial ethnic or age groups (SPM #14). The issue of health disparities in Wisconsin is receiving increased attention and the Title V Program is working in partnership with key partners to address disparities in perinatal health. The Title V Program will be working in concert with the DPH Minority Health Officer in our on-going assessment of need. "Social and economic factors that influence health" is also one of the 11 Health Priorities for Healthiest Wisconsin 2010.

7. Teen Pregnancy

This priority need is related to NPM #6 and SPM #2. MCH funds assist in providing the capacity and resources to address this priority. Local needs assessments determine how MCH funds through the consolidated contract support this local program activity. In addition to the variety of efforts at the local level utilizing MCH funds, statewide efforts of APPC and WAIY impact this priority need.

8. Alcohol, Tobacco, and Other Drug Abuse (ATODA)

Based on internal discussions we decided to maintain SPM #4 which addresses youth drinking. We eliminated SPM #7 because efforts addressing tobacco use among youth were concentrated in another bureau within the DPH. Wisconsin remains a state with high smoking and binge drinking rates. Significant collaborative efforts have been made with the Wisconsin Women's Health Foundation (WWHF) on their "First Breath" Project to reduce smoking among pregnant women.

First Breath is a pilot study for select PNCC and/or WIC sites and is designed to help low-income pregnant women quit smoking and to evaluate the effectiveness of brief targeted tobacco cessation counseling and intervention for pregnant women who smoke. Title V program staff provided training and TA to support First Breath throughout the year.

A literature search by the WWHF reports prenatal smoking contributes to 8.4% of infant deaths and 23% of Sudden Infant Death Syndrome (SIDS) deaths. Women who smoke during pregnancy have a 1.8 times greater risk for ectopic pregnancy, a 3.4 times greater risk for miscarriage, and a 1.4 times greater risk for stillbirth. Prenatal smoking increases the risk for low birth weight and small for gestational age infants by up to 3.5 and 10 times, respectively, and contributes to up to 14% of preterm deliveries, with increased risk of morbidity and mortality.

9. Early Prenatal Care

This priority need is directly related to NPM #18, as well as NPM #16 and SPM #14. The Title V Program has had a longstanding commitment to improving this measure, through the efforts to pilot and establish PNCC as a Medicaid benefit in 1993. The Title V, WIC and Medicaid Programs are working together to pilot a revised PNCC assessment form and are working on strategies to improve early enrollment into PNCC.

10. Injury

This priority need is related to NPMs #10, #16, SPMs #4, #15 and #16. Through the consolidated contract process, LPHDs choose to fund issues that surface from their own local needs assessments. During the previous year, injury prevention emerged as a topic that several health departments chose, with more than 20% of the objectives related to injury prevention, including home safety, safe car seat installation, and gun and bike safety.